

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001594

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 457

FILED FEB 8 1963

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>50 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1015-E. 10th ST.</b>		d. STREET ADDRESS (If outside, give location) <b>1015-E. 10th ST.</b>	
3. NAME OF DECEASED (Type or print) First <b>NARCISSUS</b> Middle <b>GLOVER</b> Last <b>GLOVER</b>		4. DATE OF DEATH Month <b>1</b> Day <b>22</b> Year <b>63</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-8-1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>maid</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>	9. AGE (last birthday) <b>80</b>
11a. FATHER'S NAME <b>Jack Dunn</b>		11b. MOTHER'S MAIDEN NAME <b>Fannie Bonner</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>
13a. FATHER'S NAME <b>Jack Dunn</b>		14. NAME OF HUSBAND OR WIFE <b>CARL E. GLOVER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT Address <b>Pauline Standford, Dallas, Tex.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (b): stating the underlying cause last: DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:30</b> a.m. <b>11:30</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <b>Mo.</b> STATE <b>Mo.</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>L. M. Tillman M.D. Deputy Coroner</b>		22b. ADDRESS <b>1618 E. 12th St.</b>	
22c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>		22d. DATE SIGNED <b>1/23/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>1-30-63</b>	23c. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>	
24. FUNERAL DIRECTOR <b>Mrs. C. E. Davis K. C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-24-63</b>	
26. REGISTRAR'S SIGNATURE <b>A. Keith Long</b>			

DOCUMENT

BY AFFIDAVIT OF  
M. Tillman  
MEDICAL CERTIFICATIONUSE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

VS 300  
Rev. 4/59

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74-1-0237

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John R. Bidman*

Licensed Embalmer No. 4531

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.